



# STATEMENT OF DOMESTIC PARTNERSHIP

## Office of the City Clerk - City of Boston

We, \_\_\_\_\_  
Last Name First Name Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

and, \_\_\_\_\_  
Last Name First Name Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### DECLARE THAT:

- We share basic living expenses;
- We assume responsibility for each other's welfare and for the welfare of any dependents;
- We are at least eighteen (18) years of age;
- We are competent to enter into a contract;
- We are each other's sole domestic partner;
- We are not married to anyone, nor related to each other by blood closer than would bar marriage in the Commonwealth of Massachusetts; and
- We shall notify the Office of the City Clerk of any changes in the status of our domestic partnership.

*We became each other's domestic partner on \_\_\_\_/\_\_\_\_/\_\_\_\_.*

### IF APPLICABLE

Our domestic partnership is a family, which includes the following dependent(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare to the best of my knowledge that the foregoing statements are true and accurate *under the pains and penalties of perjury.***

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_